

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596,622

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	2					
5	1					
6	1					
7	1					
8	1					
9			1			
10				1		
11				1		
12				1		
13				1		
14				1		
15				1		
16				1		
17				1		
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28				1		
29				1		
30				1		
31				1		
32				1		
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36				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1		1			1
TOTAL DEP.	8	←	9	←		←
TOTAL CLAIMS	9	[REDACTED]	10	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		←			←	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]